

Dodge County

Benefits and Enrollment Guide

2025 Plan Year



Benefit Summary Guide Overview

Dodge County offers eligible employees a variety of benefits to provide you and your family with health care, accident coverage, financial protection and more.

A strong benefits program is an important part of your overall compensation, and we are regularly assessing the quality and cost of the benefits to ensure we offer the most competitive package possible. Changes and relevant information are addressed on the following pages; you are encouraged to review this guide in its entirety. Employees are required to share the cost of some elected benefits. Contribution amounts are outlined in the enrollment information provided.

Annual Enrollment Information

Enrollment for coverage is only available during Open Enrollment. This is the only opportunity-- except for specific Qualifying Events-- that you will have during the year to make changes to your benefit elections based on the specific benefit definition and policy.

Customer Service

In order to help you with your benefit questions, claim issues, and general inquiries, you and your covered dependents may contact the insurance carriers directly (see last page of this booklet) or our broker, R&R Insurance Services, at (800) 566-7007.

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Administration Contacts

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Your Available Benefits:

- Medical: Dean Health Plan (with HSA & HRA)
- Dental: Delta Dental
- Vision: Delta Vision and NVA
- Long Term Disability: National Insurance Services
- EAP: Advocate Aurora
- Life/AD&D and Supplemental Life: Employee Trust Funds (ETF)
- Health Savings Account (HSA): Employee Benefit Corporation is an option, or your own bank or credit union
- Voluntary Critical Illness, Accident, Hospital, & Short Term Disability: Assurity
- Paid Time Off
- Holidays

Eligibility

Dodge County is pleased to offer our employees an excellent benefit program. These benefits are designed to protect you and your family while you are an active employee.

Employee Eligibility: Health and benefit plans are available to all employees who work 20+ hours per week.

Dependent Eligibility: If you wish, dependents may be covered under some benefit plans. Eligible dependents include:

- Legal spouse, as defined by Federal Law; and
- Children under age 26

New Hire Coverage

As a new hire, your plan eligibility date is the 1st of the month following 30 days. Once the necessary enrollment forms have been completed and satisfactory evidence of insurability has been provided, if needed, benefits are effective on your eligibility date.

New hires have up to 30 days from their eligibility date to enroll. If you do not enroll by that deadline, you may not be eligible again for coverage until the next annual enrollment period, as defined by each benefit.

Qualifying Events

It is important that you make your benefit selections carefully, since changes to those elections can generally only be made during the annual enrollment period. Exceptions will be made for changes in family status, allowing you to make a mid-year benefit change. A family status change can include:

- Marriage/ Divorce
- Birth or adoption
- Death of a dependent
- Change in your spouse's employment
- Increase in hours to over 20 per week
- Loss of coverage by a spouse

If you have a family status change, you must change your benefit election within 30 days of the qualifying event, or wait until the next annual enrollment period.

COBRA/ Continuation Coverage

When you or any of your dependents no longer meet the eligibility requirements for the health and benefit plans, you may be eligible for continued coverage as required by the Consolidated Omnibus Budget Reconciliation Act (COBRA) and/or State Continuation law.



Section 125 Information

The Section 125 - Cafeteria Plan allows you to contribute “before-tax” dollars to pay for your coverage under a portion of the plans (e.g. medical, dental and vision coverage). Employees will be auto enrolled in pre-tax contributions unless otherwise indicated. By paying your premiums with “before-tax” dollars, you generally may reduce the amount of income and social security taxes that you otherwise would be required to pay.

The elections you make during the Cafeteria Plan enrollment period are effective for the entire plan year. You cannot change your elections during the year unless you experience a qualifying change in status event. The circumstances that permit a change of election vary from one benefit to another. If you believe you have experienced a change in status event and you wish to change your elections, notify HR within 30 days of the change.

Medical

Medical coverage is provided through Dean Health Plan and includes coverage for services like preventive care, office visits, surgery, and prescription drugs. Our plan complies with federal and state mandates, including the Affordable Care Act's requirements for coverage of 'Essential Benefits'.

For a list of participating medical providers in our network, visit deancare.com:

[Find a Doctor](#)

Benefits Overview

Note that the medical plan summary information in this section is intended as a high-level overview, and is not a guarantee of coverage. Coverage and benefits availability should always be confirmed directly with the insurance carrier prior to receiving medical or prescription services.

Wellness Incentive

We will continue our wellness journey in 2025 with the Employee Wellness Incentive.

Requirements stay the same:

- 1. All plan participants and their spouses (on the plan) will need to have an annual physical.
AND
- 2. All plan participants and their spouses (on the plan) will need to receive a biometric screening.
Biometric screening includes: blood pressure, total cholesterol, HDL, TC/HDL ratio, glucose height/weight/circumference. If additional screenings are completed by your primary care physician, there may be additional fees charged to the employee.

The window to complete these two items is **retroactive** to **Nov. 1, 2024** and must be completed by **Oct. 31, 2025**.

The benefit to completing these items will result in a premium for 2026 that is **5% less than** those that do not participate. Details/Forms will be sent to employees in January 2025.

Full-Time Employee Monthly Contributions

	Wellness Participation Rates	Wellness Non-Participation Rates
Dean Medical HMO		
Single	\$134.74	\$176.84
Family	\$336.84	\$442.10
	Wellness Participation Rates	Wellness Non-Participation Rates
Dean Medical PPO (for those outside the plan network)		
Single	\$185.28	\$243.18
Family	\$463.18	\$607.92

Contributions are prorated for benefit eligible part time employees

When do Medical Benefits Begin?

For New Hires:	Coverage begins 1st of the month following 30 days of employment
For Current Employees:	Coverage can be elected each year during Open Enrollment, effective as of January 1st. You may also be eligible to enroll mid-year based on a Qualifying Event like marriage, birth of a child, or loss of other coverage. See HR for additional information.

Medical Plan Benefits Summary

[Click here for a summary of benefits!](#)

[Click here for a summary of benefits!](#)

Carrier	Dean Health Plan		Dean Health Plan	
Plan Code	HMO05253/PHA03739		PPO04072/PHA04110	
Plan Type	HDHP HMO		HDHP PPO (available to those outside Dean's network)	
Coverage Level	In Network	Out of Network	In Network	Out of Network
Deductible (Single/ Family) *	\$4,000 / \$8,000	No coverage	\$4,000 / \$8,000	\$8,000 / \$16,000
Coinsurance	100%	No coverage	100%	80%
Out of Pocket (OoP) Max (Single/ Family)	\$4,000 / \$8,000	No coverage	\$4,000 / \$8,000	\$16,000 / \$32,000
Office Visits				
Primary Care Physician	100% after deductible	No coverage	100% after deductible	80% after deductible
Specialist	100% after deductible	No coverage	100% after deductible	80% after deductible
Preventive Care	100%	No coverage	100%	80% after deductible
Hospital, Surgical, and Maternity Services (Require Pre-authorization)				
Inpatient/ Outpatient Hospital	100% after deductible	No coverage	100% after deductible	80% after deductible
Surgical/ Maternity/ Delivery	100% after deductible	No coverage	100% after deductible	80% after deductible
Urgent Care & Emergency Room Visits				
Urgent Care Visit	100% after deductible	No coverage	100% after deductible	80% after deductible
Emergency Room	100% after deductible	Same as in-network	100% after deductible	Same as in-network
Imaging and Labwork				
X-Ray, Imaging, & Labwork	100% after deductible	N/A	100% after deductible	80% after deductible
Prescription Drugs (In-network Retail Pharmacy)				
Benefits Apply After:	Medical deductible		Medical deductible	
Tier 1 Prescriptions	100% after deductible		100% after deductible	80% after deductible
Tier 2 Prescriptions	100% after deductible		100% after deductible	80% after deductible
Tier 3 Prescriptions	100% after deductible		100% after deductible	Not covered
Tier 4 Prescriptions	100% after deductible		100% after deductible	80% after deductible

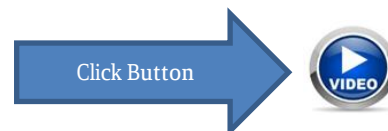
*** The County helps offset the deductible with an HRA contribution and an HSA contribution**

This Benefit Summary is for illustration purposes only. Refer to the insurance carrier's Certificate of Coverage for a full description of plan coverage and exclusions.



Important Medicare Information for Our Medical Plan Participants

Click the icon to the right for a video about choosing Medicare when you're still working



You or your spouse may be eligible for Medicare if you are age 65 or older. Medicare-eligible individuals may remain covered under the Dodge County medical plan, but need to understand some Medicare basics:



- Once you become Medicare-eligible, you can continue to be enrolled in our group medical plan. You also have the option to stop participation in our medical plan altogether, enrolling instead under the various parts of Medicare. You are encouraged to speak with a licensed insurance advisor to determine which option is best for you.
- Individuals are typically enrolled in Medicare Part A automatically when they reach age 65. Part A generally does **not** have a premium cost, and covers inpatient hospital care, skilled nursing facilities, and hospice care.
- You *may* be able to initially delay Part B enrollment without penalties-- and other adverse effects-- while remaining covered under an employer-sponsored medical plan. However, in specific situations, Medicare-eligible individuals should enroll in Part B even if they are keeping their employer coverage. Generally, a person needs to enroll under Part B if they are:
 - 1) Age 65+ while covered under a group medical plan sponsored by an employer with fewer than 20 employees; or
 - 2) Under age 65 and Medicare-eligible due to disability while covered under a group medical plan sponsored by an employer with fewer than 100 employees.
- Once an individual is enrolled under **any** part of Medicare (including Part A), they are no longer able to make any new contributions to their Health Savings Accounts (HSA).^{*} Medicare-enrolled individuals can, however, spend down *existing* money in their HSA for eligible expenses.
- When an individual becomes Medicare-eligible, they should carefully examine their options for Medicare Part D (prescription drug plan coverage). If your medical plan coverage is not considered "creditable", and you fail to enroll in a Part D plan when first eligible, you may be subject to future enrollment penalties at a time when you do decide to enroll under a Part D plan.

Notification of plan creditable/ non-creditable status is provided annually to our medical plan participants. Please see HR with any questions about the current plan's creditable/ non-creditable status.

** When an individual qualifies for premium-free Medicare Part A, that coverage will go back (retroactively) up to 6 months from when they sign up, but no more than their original Medicare eligible date. To avoid tax penalties, Medicare eligible individuals should stop contributing to their Health Savings Account (HSA) 6 months before enrolling in Medicare Part A and Part B or if they plan on collecting their Social Security benefits.*

Preventive Care Benefits Under our Medical Plan

The Affordable Care Act requires medical plans to cover certain routine and preventive services at no cost to covered members. The specific types of free services available **vary based on a member's age, gender and other risk factors**, but can include:

- Routine vaccinations
- Routine annual physicals
- Cancer screening tests
- Regular well-baby and well-child office visits
- Age appropriate mammograms and colonoscopy screenings



To find out which specific services are eligible for you to receive at no cost, visit:

www.healthcare.gov/coverage/preventive-care-benefits/

Preventive care services must be submitted by your doctor's office with appropriate preventive billing codes in order to be covered at 100%. When claims are submitted to the insurance company with diagnostic billing codes, or for other services not specifically recommended by the U.S. Preventive Services Task Force (USPSTF), you may be subject to additional member cost-sharing. You are encouraged to speak candidly with your doctor during a routine visit to confirm that services performed, and any labwork ordered, is an eligible service to be covered at 100% under the Preventive Care benefit.

Eligible preventive care services are covered at 100% only when received from an in-network doctor/ provider.

Health Savings Account (HSA)

If you are enrolled in an HSA-qualified health plan sponsored by Dodge County, you may be eligible to contribute tax-free dollars into a savings account and spend those funds on eligible medical, dental and vision expenses.

Why Consider Opening Up an HSA?

- HSA deposits made through employer deductions are exempt from payroll and income taxes.
- Unused funds roll over from year to year (no "use-it-or-lose it" rule!)
- You own your HSA -- Dodge County does not control your deposited money or manage your account.

Click below to watch a video about HSAs:



Save money with HSA deposits run through payroll deductions:

Tax	Potential Tax Savings On HSA Deposits *
Typical Federal Income Tax	21.0%
Typical WI State Income Tax	6.3%
Payroll Taxes	7.7%
Typical Tax Savings	35.0%

* Illustrative example only; consult a tax advisor to determine applicability for your specific tax bracket.



In this example, a deposit of **\$500.00** into your HSA would save you **\$174.50** (35%) in taxes!



How HSAs Work

A Health Savings Account has two parts, an insurance piece and a financial piece:

Insurance	Financial
High Deductible Health Plan	Savings Account
Meets specific IRS guidelines	Tax-free deposits
Provides catastrophic coverage from large medical bills	Tax-free reimbursements for eligible medical, dental and vision expenses

[Click here to learn more about an HSA from Employee Benefits Corporation \(EBC\)](#)

What are HSA-Eligible Expenses?

Eligible expenses are established by IRS Section 213. Examples include out-of-pocket costs like medical plan deductibles, copays, coinsurance, eyeglasses and dental work.

See IRS Publication 502 (www.irs.gov/pub/irs-pdf/p502.pdf) for additional information.

Remember that you can only use your HSA to reimburse eligible expenses. **HSA funds that are used for non-eligible expenses (for example, a new television) are included in your gross income and an additional 20% excise tax (and a possible state excise tax).** Be sure to keep all receipts for any expenses reimbursed from your Health Savings Account. You will need this documentation to validate your HSA expenses in the event of an IRS audit!

Annual HSA Contribution Maximums

Maximum annual HSA deposit amounts are indexed annually by the Internal Revenue Service (IRS). Your medical plan coverage level and age affect the maximum amount you can deposit:

Health Savings Account (HSA) Maximum Contribution Levels

Medical Plan Coverage	2024	2025
Single Coverage	\$4,150	\$4,300
Family Coverage	\$8,300	\$8,550
"Catch-Up" Contribution (Age 55+ only)	Additional \$1,000	Additional \$1,000

Active employees will receive a bi-weekly HSA contribution from Dodge County if they are enrolled in the County HDHP coverage, qualify for an HSA and establish an HSA. Full-time employer contributions will total \$1,000 for single and \$2,000 for family coverage. New hire amounts are prorated. Qualified part-time employees will receive a lower amount based on their hours worked. Amounts will be prorated per pay period.

Full Time	Per Pay Period Amount	
	Single	Family
	\$38.47	\$76.93

Part Time	Per Pay Period Amount			
	Single	Annual	Family	Annual
.5-.59	\$19.24	\$500	\$38.47	\$1000
.6-.69	\$23.08	\$600	\$46.16	\$1200
.7-.79	\$26.93	\$700	\$53.85	\$1400
.8-.89	\$30.77	\$800	\$61.54	\$1600
.9-.99	\$34.62	\$900	\$69.24	\$1800

When Are You Eligible for an HSA?

To establish an HSA or deposit money into an HSA, you:

- 1) Must be enrolled in an HSA qualified High Deductible Health Plan
- 2) Must NOT be enrolled in a non-HSA qualified HDHP* such as:
 - Spouse's non-HSA qualifying health plan
 - Any part of Medicare, including Part A, or Medicaid
 - General-purpose Medical Flexible Spending Account
 - Tricare Insurance
- 3) Can not be claimed as a dependent on someone else's Federal Income Tax Return

**This is not an all inclusive list of non-HSA qualified HDHPs.*

New to HSAs? Most banks and credit unions offer these tax-favored accounts to customers, and an HSA is available through Employee Benefits Corporation (EBC). Fees and features will vary. Once you open an HSA, you may receive a checkbook or debit card with which you will access HSA funds.

Please keep in mind that it is ultimately an employee's responsibility to establish and manage their own Health Savings Account. Dodge County does not have control or oversight of employees' Health Savings Accounts except to facilitate payroll deductions deposits into those accounts upon request.

Health Reimbursement Arrangement (HRA)

Dodge County provides its medical plan participants with a reimbursement program, administered by Employee Benefits Corporation. The plan is designed to insulate our employees and their covered family members from specific out-of-pocket expenses not otherwise paid for by the medical plan.

Eligible Expenses

Which types of medical expenses can be reimbursed?

- Deductible Only



[Click here to learn more about your HRA from Employee Benefits Corporation \(EBC\) and how to view your account online with them](#)

Click here to register for an account with EBC:

Login to Create
an Account



Reimbursement Description

Medical Coverage Tier	Employee Responsibility	Your Eligible Reimbursement
Employee-Only Coverage	First \$2,000 of deductible	Next \$2,000 of deductible
Family Coverage	First \$4,000 of deductible	Next \$4,000 of deductible

How Does the Plan Work?

The reimbursement program is funded directly with Dodge County money. You will be provided with additional information on how the Health Reimbursement Arrangement is administered, including how to file claims and receive your repayments for eligible expenses.

Submitting claims online with EBC will provide faster reimbursement:

How to Submit a Claim

When do Health Reimbursement Arrangement (HRA) Benefits Begin?

For New Hires:	Coverage begins 1st of the month following 30 days of employment
For Current Employees:	You may also be eligible mid-year based on a Qualifying Event like marriage, birth of a child, or loss of other coverage. See HR for additional information.

Flexible Spending Account (FSAs)

Flexible Spending Account (FSA) benefits are administered by Employee Benefits Corporation and offer reimbursement of specific expense types from money deducted from your earnings on a pre-tax basis. An annual election is required to participate in this program.

Visit ebcflex.com for online tools and resources.

Benefits Overview

Account Type	Description	Maximum Annual Election
Health (only available for those not on the County health plan or another HSA)	Reimbursement for out-of-pocket expenses incurred from health, dental or vision care, as described by IRS Code Section 213 (summarized annually in IRS Publication 502).	\$3,300
Limited Purpose (for employees on the County health plan)	Reimbursement for out-of-pocket expenses incurred from dental or vision care, as described by IRS Code Section 213 (summarized annually in IRS Publication 502).	\$3,300
Dependent Care	Reimbursement for expenses related to daycare for eligible dependents as described by IRS Code Section 129 (summarized annually in IRS Publication 503).	\$5,000

Employee Contributions (Payroll Deductions)

	Employee
Flexible Spending Account (FSAs)	
Plan Cost	<i>Varies based on your election amount</i>

When do Flexible Spending Account (FSAs) Benefits Begin?

For New Hires:	Coverage begins 1st of the month following 30 days of employment
For Current Employees:	Coverage can be elected each year during Open Enrollment, effective as of January 1st. You may also be eligible to enroll or change elections mid-year based on specific Qualifying Event as determined by the Internal Revenue Service. See HR for additional information.

Dental

Dental coverage is provided through Delta Dental and includes coverage for exams, cleanings, and restorative services. For a list of participating providers, visit deltadentalwi.com

Benefits Overview

Service Category	Category Includes	In-Network Coverage * (What the Carrier Pays)
Preventive Services	Cleanings, Fluoride Treatments, Sealants, Space Maintainers *	100%
Basic Services	Restorations, Simple Extractions, Oral Surgery, Periodontics, Endodontics	Fillings and nonsurgical extractions paid at 100%; periodontics and surgery paid at 80%
Major Services	Inlays, Onlays, Crowns, Bridges, Dentures	50%
Orthodontia	Corrections & alignments	50%

*Fluoride treatments, Sealants and Space Maintainers are available benefits for children only.

Calendar Year Deductible	None
Maximum Annual Benefit	\$1,000
Orthodontia Lifetime Max.	\$1,000

Employee Monthly Contributions

	Employee	Family
Dental		
Plan Cost	\$3.96	\$11.96

When do Dental Benefits Begin?

For New Hires:	Coverage begins 1st of the month following 30 days of employment
For Current Employees:	There are no open enrollment opportunities for dental. You may be eligible to enroll mid-year based on a Qualifying Event like marriage, birth of a child, or loss of other coverage. See HR for additional information.



* Benefits are reimbursed the same in- and out-of-network, but you may pay less by going to a Delta PPO dentist.
[Click here to learn more.](#)

Additional Resources from Delta Dental

If you participate in our group dental plan through Delta Dental, you'll have access to some great tools and resources:

Delta Dental's Provider Networks

A Dental Plan with Two Networks-- What's the Deal?

[Watch the Video](#)

Delta PPO Network	Delta Premier Network
Fewer dentists	More dentists
Higher discounts on services	Lower discounts on services



Delta Dental PPO dentists agree to the deepest discounts for patients. Premier dentists agree to a maximum fee ceiling-- but not the additional discounts available from PPO dentists.

A Smarter Dental Plan

A Healthy Body Begins with a Healthy Mouth

- Preventive cleanings and other services covered at 100%
- Additional cleanings for pregnant women
- Additional cleanings for specific diseases including periodontal disease, cancer, and diabetes

[Watch the Video](#)



Vision

Vision coverage is provided through Delta Vision. Their Insight Network consists of private practicing optometrists, ophthalmologists, opticians and optical retailers. You also have the option to elect coverage through National Vision Administrators through the Labor Association of Wisconsin.

You have the option of visiting any provider, however, by choosing a network provider you'll receive the highest level of benefit and save on out-of-pocket costs. To see a list of participating providers go to <https://www.deltadentalwi.com/s/find-a-deltavision-provider-near-you>, or e-nva.com for NVA's network.

Benefits Overview

[Click here for Delta plan details](#)

[Click here for NVA plan details](#)

Delta Vision			National Vision Administrators		
Service Category	Frequency Maximum	In-Network Coverage (What the Carrier Pays)	Service Category	Frequency Maximum	In-Network Coverage (What the Carrier Pays)
Routine Exam	12 months	100% after \$10 copay	Routine Exam	12 months	100%
Eyeglass Lenses	12 months	100% after \$10 copay for standard plastic lenses	Eyeglass Lenses	12 months	100% for standard plastic lenses
Eyeglass Frames	12 months	\$130 allowance, then 20% off balance	Eyeglass Frames	12 months	\$100 allowance, then 20% off balance
Contact Lenses (Elective)	12 months	\$120 allowance (in lieu of glasses), then 15% off balance	Contact Lenses (Elective)	12 months	\$100 allowance (in lieu of glasses), then 15% off balance for conventional or 10% for disposable
Contact Lenses (Medically Necessary)	12 months	100%	Contact Lenses (Medically Necessary)	12 months	100%

Employee Monthly Contributions

	Employee	Family
Vision		
Delta Vision	\$6.03	\$15.01
NVA	For cost, visit: http://www.law-inc-wi.com/vision-2	



When do Delta Vision Benefits Begin?

For New Hires:	Coverage begins 1st of the month following 30 days of employment
For Current Employees:	Coverage can be elected each year during Open Enrollment, effective January 1st, for Delta Vision only. You may also be eligible to enroll mid-year based on a Qualifying Event like marriage, birth of a child, or loss of other coverage. See HR for additional information.

Additional Family Protection

Life Insurance

You have the option to purchase Life insurance for yourself as well as coverage for your dependents through Employee Trust Funds (ETF) based on ETF eligibility rules. The employee may elect to purchase up to five units of coverage for employees and up to two units of coverage for dependents. The Basic Plan provides coverage equal to your earnings, based on the benefit wage. The benefit wage is the previous year's annual earnings rounded to the next \$1,000. This is updated every July 1st. The Supplemental Plan provides additional coverage equal to your earnings for the previous year, rounded to the next \$1,000. The Additional Plan provides up to three units of coverage; each unit equals your earnings for the previous year, rounded up to the next \$1,000. Spousal and dependent coverage is \$10,000 for spouse and \$5000 for each dependent child per unit of coverage, provided employee is enrolled in at least one unit of coverage. For rates, please see Human Resources.

Learn more about the ETF Life benefit by clicking here

Long Term Disability

Employees who are benefit eligible are allowed to enroll in a voluntary long-term disability plan and pay their premiums through after-tax payroll deductions. This is a 100% employee paid benefit.

There are two waiting period options to choose from: 90 days or 180 days due to sickness or injury. The benefit will provide up to 60% of your base monthly earnings excluding bonuses and commissions to a maximum of \$10,833. If you are permanently disabled, you will receive this benefit up to your Social Security Normal Retirement Age.

Deferred Compensation (457 Plan)

Employees may voluntarily participate in either of two deferred compensation programs (Nationwide and North Shore Bank) with monies contributed to be withdrawn at retirement or upon leaving employment with the County. The amount deducted each pay period is not subject to federal or state taxes; however, it is subject to FICA tax. The employee will be taxed at the time of withdrawal at their income level at that time. Both Nationwide and Northshore Bank representatives are available to meet with employees in person twice per year.

Wisconsin Retirement System (WRS)

All employees meeting eligibility requirements become a participant of the Wisconsin Retirement Fund. The employer pays a percentage of salary contribution to the fund and the employee pays the same percentage as the employer to the contribution. These amounts may vary depending on the employment category and are established annually by WRS. Below are the established contribution rates:

Employee Category	General, Executive, Elected Officials		Protective with Social Security		Protective without Social Security		Protective ACT 4	
	2025	2024	2025	2024	2025	2024	2025	2024
Employee Cost	6.95%	6.90%	6.95%	6.90%	6.95%	6.90%	14.95%	14.30%
Employer Cost	6.95%	6.90%	14.95%	14.30%	18.95%	19.10%	6.95%	6.90%
Duty Disability (Employer)	0.00%	0.00%	0.06%	0.02%	0.06%	0.02%		
Duty Disability (Employee)							0.06%	0.02%
Total Cost	13.90%	13.80%	21.96%	21.22%	25.96%	26.02%	21.96%	21.22%

Those qualifying under Act 4 will receive separate information regarding option under Act 4 (Protective Status for Jailers).

Holidays, Paid Time Off, and Post Employment Health Plan

Holidays

New Year's Day
Spring Holiday (Friday before Easter)
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Day after Thanksgiving *
Christmas Eve
Christmas Day
New Year's Eve

* Clearview employees may be eligible for a floating holiday instead of the day after Thanksgiving

Sick Time (not offered to employees hired on 1/1/2022 or after)

See Employee Policy:

<https://www.co.dodge.wi.gov/home/showpublisheddocument/49154/638036021998870000>

Vacation (not offered to employees hired on 1/1/2022 or after)

See Employee Policy:

<https://www.co.dodge.wi.gov/home/showpublisheddocument/37145/637181507378800000>

Paid Time Off (PTO)

Accruals of PTO are based on paid hours and length of service. Employees become eligible for a higher accrual rate based on their years of service as shown in this chart.

Years of Service (Anniversary or Benefit Eligible Date)	Multiplier on Each Hour Worked/Paid	PTO Max Hours
0 to 2	0.077	480
3 to 4	0.084	480
5 to 6	0.093	480
7 to 10	0.103	480
11 to 14	0.113	480
15 to 17	0.122	480
18 to 19	0.132	480
20 plus	0.146	480

See Employee Policy for a complete explanation of PTO accruals:

<https://www.co.dodge.wi.gov/home/showpublisheddocument/49763/638092043148130000>

Post Employment Health Plan (PEHP)

Currently, Dodge County is converting unused sick leave balances of up to 120 days at retirement ** to a Post-Employment Health Plan. Hours are converted at 80% value and retirees are allowed to use that money to pay for post-employment insurance premiums. Currently, the PEHP has been approved by the County Board through 12/31/2029.

**Retirement is defined by Wisconsin Employee Trust Funds.

Critical Illness, Accident, Hospital, & Short Term Disability

Dodge County offers employees Voluntary Group Critical Illness, Accident, Hospital Indemity and Short Term Disability coverages through Assurity. It is recommended that employees meet with a Benefit Education Specialist from Advantage Group. They will be available to meet with new employees on the 2nd Wednesday of each month.

Critical Illness Benefits Overview

Critical Illness Insurance pays a lump-sum benefit directly to you if you are diagnosed with stroke, heart attack, or a number of other covered conditions.

- Key Features:**
- Includes health screening benefit which pays \$50/year for any number of common covered medical tests or procedures
 - Return of premium benefit pays back 100% of premiums paid for the policy and riders if death caused by other than covered critical illness
 - Guaranteed issue and portable

Accident Benefits Overview

Accident Expense Insurance provides peace of mind and gives additional cash to help pay health insurance deductible and other expenses.

- Key Features:**
- Helps with out-of-pocket expenses
 - Benefits paid are on a schedule based on the covered type of accident
 - Includes qualified provisions for transportation and lodging
 - Coverage is off-the-job
 - No deductibles, copays, coinsurance or networks
 - Wellness Benefit: Pays \$50 up to two times per insured per calendar year, subject to a maximum of four times for all insured persons per calendar year for the following screens or exams:
 - Blood screening for triglycerides, cholesterol, HDL, LDL or fasting blood glucose
 - Annual physical exam
 - Routine eye exam
 - Immunization
 - Guaranteed issue and portable

Hospital Indemnity Benefits Overview

Hospital Indemnity Insurance pays a benefit directly to you, starting at hospital admission for each day of hospital confinement.

- Key Features:**
- Pays lump-sum benefit starting at admission
 - Pays a daily benefit for each day confined in a hospital
 - Guaranteed issue and portable

Short Term Disability Benefits Overview

Short Term Disability Insurance pays a weekly benefit directly to you if you are sick or insured and can't work (excluding work injury)

- Key Features:**
- Pays benefits if you become totally disabled and can't perform the important duties of your occupation, as long as you are not working another job and are under the care of a physician
 - Weekly benefit from \$100 to \$1000 by \$25 increments, subject to maximum benefit of 60% of weekly income
 - Pays 50% of your weekly total disability benefit if you return to work part time, following a period of paid total disability
 - Two elimination period options of 14 days or 30 days, and two benefit period options of 13 weeks or 26 weeks

When do Assurity's Voluntary Benefits Begin?

For New Hires:	Coverage begins 1st of the month following 30 days of employment
For Current Employees:	Voluntary coverages can be elected each year during Open Enrollment, effective as of January 1st. You may also be eligible to enroll mid-year based on a Qualifying Event like marriage, birth of a child, or loss of other coverage. See HR for additional information.

Employee Assistance Program

Dodge County offers employees Employee Assistance Program (EAP) coverage through Advocate Aurora. An EAP offers confidential support to you and your family members when you need help with life's challenges.

Where to Call for Help

Advocate Aurora	
Phone Number	800-236-3231
Website	www.aah.org/eap



What Kind of Questions Can Advocate Aurora Help With?

- Financial Consultation
- Legal Questions and Mediation Services
- Mental Health
- Substance Abuse
- Family Problems and Relationship Issues
- Work-Life Services
- Child Care and Elder Care Consultation
- Educational Resources
- Adoption Information

Click the image to learn more about Advocate Aurora's confidential services:



When do Employee Assistance Program Benefits Begin?

For New Hires and Current Employees:	Coverage begins 1st of the month following 30 days of employment.
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Contact Information

Insurance Carriers & Administrators

Coverage	Carrier Name	Contact Information
Medical	Dean Health Plan	800-279-1301, deancare.com
Dental	Delta Dental	800-236-3712, deltadentalwi.com
Vision - Delta	Delta Vision	844-848-7090, deltadentalwi.com
Vision - NVA	The Labor Assoc of Wisconsin	Ben Barth, law-inc-wi.com
FSA, HRA and HSA	#N/A	800-346-2126, ebcflex.com
Life Insurance	Securian	866-295-8690
Employee Assistance Program	Advocate Aurora	800-236-3231
Wisconsin Retirement System	Employee Trust Funds (ETF)	877-533-5020, etf.wi.gov
Deferred Compensation	North Shore Bank	800-236-4672
Deferred Compensation	Nationwide	877-677-3678
Post Employment Health Plan	Nationwide	877-677-3678
Voluntary Benefits	Advantage Group	608-333-7669

Benefits Consultant/ Broker

R&R Insurance Services, Inc.
www.myknowledgebroker.com



Contact Name	Role	Phone #	Email
Shay Sherfinski	Benefits Consultant	262-953-7248	shay.sherfinski@rrins.com
Chris Kramer	Benefits Consultant	262-953-7151	chris.kramer@rrins.com
Keri Muenchow	Sr. Client Service Manager	262-953-7186	keri.muenchow@rrins.com

If you have questions or concerns about your benefits please feel free to contact a team member listed above. The office hours for R&R Insurance are 8:00 to 4:30 PM, Monday through Friday.

About This Guide

This Benefits & Enrollment Guide was prepared by R&R Insurance Services, Inc. specifically for Dodge County.

This document cannot, and should not, be construed as being exhaustive or as being applicable to any other group health plan or employer. This document is not intended to be, and should not be construed as legal advice, nor should any discussion with, or opinions expressed by R&R Insurance Services, Inc. or its authorized representatives be construed as legal advice. Readers should contact legal counsel for legal advice.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits & Enrollment Guide and the actual plan documents the actual plan documents will prevail.

All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Benefits & Enrollment Guide, or any materials contained therein, contact Human Resources.